

- Part 1. DH MEDICO
Medical Advice by Radio
- Part 2. MEDICAL SIGNAL CODE
- Part 3. AMVER SYSTEM
Automated Mutual-assistance
Vessel Rescue System

Chapter XII

Radio in Medical Emergencies

Part 1—DH MEDICO **Medical Advice by Radio**

EXCEPT IN WARTIME when radio silence is imposed on ships at sea the Master can and should radio for medical advice when it is needed. Although United States merchant vessels may be hundreds of miles from land, they can obtain medical advice in a quick and efficient manner through the DH MEDICO program. If the request is not handled directly by the hospital involved, medical advice in most cases is received within the hour by radio message through one of the public coast stations or by phone patch. Private firms also offer 24-hour medical advice on a fee for service contract with maritime companies.

DH MEDICO is a service that furnishes *medical advice by radio* 24 hours every day. Because the service is free, the term DEAD-HEAD* MEDICO or DH MEDICO is used. The DH MEDICO radio service which began in 1921 has provided medical advice for thousands of cases and saved the lives of many merchant seamen.

The system of furnishing medical advice to ships at sea was adopted by other nations and now is international in scope.

* *Deadhead* is an old railroad term that generally refers to a free rider or a free passage.

So that language difficulties can be avoided when a ship requests information from a foreign country, an *International Code of Signals*† that contains a medical section was developed and adopted for worldwide use. Although this code always is available for use, medical advice should be sought and given in plain language (English) whenever possible. However, when language difficulties are met, the code should be used.

For the sake of uniformity and to avoid confusion and delay, even when the message is in English, the text of the code and instructions should be followed *in sequence*, as far as possible. In part 2 of this chapter, pp. XII-4 to XII-37, the MEDICAL SIGNAL CODE with instructions (Chapter 3 of the International Code of Signals†) is reproduced from the publication listed in the footnote below.

The calls should be made to the nearest station when its call sign is known. If the call sign is not known, the general Coast Guard call NCG (any Coast Guard radio station)

† Publication No. H.O. 102. INTERNATIONAL CODE OF SIGNALS, UNITED STATES EDITION, 1969. Chapter 3, pp. 97-130. Published by the U.S. Naval Oceanographic Office, U.S. Government Printing Office, Washington, D.C. 20402.

should be used. *The use of CQ [call for unknown station(s) or general call to all stations] is discouraged for medical messages.*

DH MEDICO Frequencies To Be Used

The frequencies to be used for DH MEDICO in calling the U.S. Coast Guard and other radio stations are 500 kHz (A1 A2) and the various HF calling bands listed in the table that follows. For those vessels equipped with a radio telephone, 2182 kHz or 156.8 MHz (F3) (Channel 16) in the VHF band is used. If a vessel is unable to establish communications

on 500 kHz due to extreme range, the HF calling band providing the required propagation for the time of day should be utilized.

Urgent Medical Advice

In American waters, requests for medical advice of an urgent nature should be preceded by the urgent signal (**XXX XXX XXX**), in order to give them priority over other radio traffic except distress communications. If the request is sent to a United States station, the message also should be prefixed by **DH MEDICO**.

Table 12-1

U.S. Coast Guard—Radio Stations and Communication Stations

Call Sign	Location and Type of Station	Working Frequency	HF Band Guarded			
			Day*		Night*	
		kHz	kHz	MHz	kHz	MHz
NMF	Communication Station Boston, Mass.	472.	500.	8.	500.	8.
		8728.		12.		12.
		12834.5		22.		
		22487.5				
NMN	Communication Station Portsmouth, Va.	466.	500.	8.	500.	8.
		8465.		12.		12.
		12718.5		16.		
		17151.2				
NMA	Radio Station Miami, Fla.	440.	500.		500.	
NMG	Communication Station New Orleans, La.	428.	500.		500.	
NMR	Radio Station San Juan, Puerto Rico	466.	500.	8.	500.	8.
		8471.		12.		12.
		12700.		16.		
		17002.4				
NMC	Communication Station San Francisco, Calif.	420.	500.	8.	500.	8.
		8574.		12.		12.
		12743.		16.		
		17218.4		22.		
		22476.				
NMJ	Radio Station Ketchikan, Alaska	416.	500.		500.	
NOJ	Communication Station Kodiak, Alaska	470.	500.		500.	
NOX	Radio Station Adak, Alaska	450.	500.		500.	
NRV	Radio Station Guam, Marianas Islands	466.	500.		500.	
NMO	Communication Station Honolulu, Hawaii	400.	500.	8.	500.	8.
		8650.		12.		12.
		12889.5		16.		
		17247.2				
NMW	Radio Station Astoria, Oregon	448.	500.		500.	
4YH	38.00N 71.00W	500.	500.		500.	

Ships—Calling Bands

4178.-4187. kHz

6267.-6280.5 kHz

8356.- 8374. kHz

12534.-12561. kHz

16712. -16748. kHz

22222.5-22267.5 kHz

*Note: Day: 2 hours after sunrise until 2 hours before sunset (local time).
 Night: 2 hours before sunset until 2 hours after sunrise (local time).

Chapter XII—Part 2

Medical Signal Code of the International Code of Signals

(See p. XII-37 for a *Special Index* that relates to the *Medical Signal Code*.)

Part 2 of Chapter XII, which begins on this page, reproduces the *Medical Signal Code* of the INTERNATIONAL CODE OF SIGNALS.* THE INTERNATIONAL CODE OF SIGNALS was developed to provide a means of communication when language difficulties occur in situations related essentially to safety of navigation and persons.

Generally, medical advice should be sought and given in plain language (English). However, when language difficulties are met, the code should be used to get medical advice by radio. See p. XII-37 for a *Special Index* that relates to the *Medical Signal Code*.

* The *medical section* of the *International Code of Signals* is reproduced on pages XII-4 to XII-37. Its source is Publication No. H.O. 102, INTERNATIONAL CODE OF SIGNALS, UNITED STATES EDITION, 1969. Chapter 3, pp. 97-130. Published by the U.S. Naval Oceanographic Office. U.S. Government Printing Office, Washington, D.C. 20402

Chapter XII—Part 2

MEDICAL SIGNAL CODE

	<i>Page</i>
Section 1—Explanation and Instructions	XII-6
A. General	XII-6
B. Instructions to Masters	XII-6
C. Instructions to Doctors	XII-6
D. Examples of Messages	XII-6
Section 2—Request for Medical Assistance	XII-8
A. Request—General information	XII-8
B. Description of patient	XII-8
C. Previous health	XII-8
D. Localization of symptoms, diseases, or injuries	XII-9
E. General symptoms	XII-9

Section 2—Request for Medical Assistance (Continued)

	<i>Page</i>
F. Particular symptoms	XII-12
1. Accidents, injuries, fractures, suicides, and poisons	XII-12
2. Diseases of nose and throat	XII-14
3. Diseases of respiratory system	XII-15
4. Diseases of digestive system	XII-15
5. Diseases of genitourinary system	XII-16
6. Diseases of the nervous system and mental diseases	XII-17
7. Diseases of the heart and circulatory system	XII-18
8. Infectious and parasitic diseases	XII-18
9. Venereal diseases	XII-19
10. Diseases of the ear	XII-19
11. Diseases of the eye	XII-20
12. Diseases of the skin	XII-20
13. Diseases of muscles and joints	XII-20
14. Miscellaneous illnesses	XII-20
15. Childbirth	XII-21
G. Progress Report	XII-21
Section 3—Medical Advice	XII-22
A. Request for additional information	XII-22
B. Diagnosis	XII-22
C. Special treatment	XII-23
D. Treatment by medicaments	XII-24
1. Prescribing	XII-24
2. Method of administration and dose	XII-24
3. Frequency of dose	XII-25
4. Frequency of external application	XII-25
E. Diet	XII-25
F. Childbirth	XII-25
G. Vaccination against smallpox	XII-26
H. General Instructions	XII-26
Section 4—Tables of Complements	XII-27
Table M-1. Regions of the body	XII-27
Fig. 12-1. Front of the body	XII-28
Fig. 12-2. Back of the body	XII-29
Table M-2. List of common diseases	XII-30
Table M-3. List of medicaments	XII-31
(Left-hand column)—Reproduced from the medical section of the <i>International Code of Signals</i> (Right-hand column)—Equivalent medications.	
Index for the Medical Signal Code	XII-37

Part 2—Section 1

EXPLANATION AND INSTRUCTIONS

General

1. Medical advice should be sought and given in plain language whenever it is possible but, if language difficulties are encountered, this Code should be used.

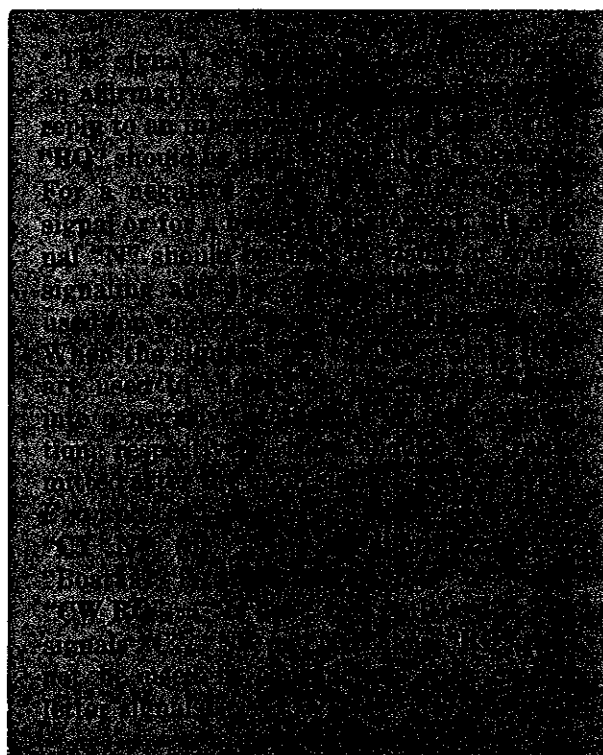
2. Even when plain language is used, the text of the Code and the instructions should be followed as far as possible.

3. Reference is made to the procedure signals "C", "N", or "NO" and "RQ" which, when used after the main signal, change its meaning into affirmative, negative, and interrogative, respectively.

Example:

"MFE N" = "Bleeding is not severe."

"MFE RQ" = "Is bleeding severe?"



* Source: The three paragraphs in the box are reprinted from Chapter 1, Section 6 on *Flashing Light Signaling*, paragraph 3(j), p. 12, Pub. No. H.O. 102, INTERNATIONAL CODE OF SIGNALS, UNITED STATES EDITION, 1969. U.S. Government Printing Office, Washington, D.C. 20402. The rest of this chapter reproduces Chapter 3, *The Medical Signal Code*, from the same source.

INSTRUCTIONS TO MASTERS

Standard method of case description

1. The master should make a careful examination of the patient and should try to collect, as far as possible, information covering the following subjects:

- (a) Description of the patient (Section 2B, pp. XII-8 and XII-9);
- (b) Previous health (Section 2C, p. XII-9);
- (c) Localization of symptoms, diseases or injuries (Section 2D, p. XII-9);
- (d) General symptoms (Section 2E, pp. XII-9 through XII-12);
- (e) Particular symptoms (Section 2F, pp. XII-12 through XII-22);
- † (f) Diagnosis (Section 3B, pp. XII-22 and XII-23).

2. Such information should be coded by choosing the appropriate groups from the corresponding sections of this chapter. It would help the recipients of the signal if the information is transmitted in the order stated in Paragraph 1.

3. Section 2A, p. XII-8, contains signals which can be used independently, i.e., with or without the description of the case.

4. After a reply from the doctor has been received and the instructions therein followed, the master can give a progress report by using signals from Section 2G, pp. XII-21 to XII-22.

INSTRUCTIONS TO DOCTORS

1. Additional information can be requested by using Section 3A, p. XII-22.

Example:

"MQB" = "I cannot understand your signal, please use standard method of case description."

† Part 2, Section 3B, pp. XII-22 and XII-23, "Diagnosis," can be used by both the master ("request for medical assistance") and the doctor ("medical advice").

2. For diagnosis,† Section 3B, pp. XII-22 and XII-23, should be used.

Example:

"MQE 26" = "My probable diagnosis is cystitis."

3. Prescribing should be limited to the "List of Medicaments" ‡, Table M-3 in Section 4, pp. XII-31 through XII-36 of the Code.

4. For special treatment, signals from Section 3C, pp. XII-23 and XII-24, should be used.

Example:

"MRP 4" = "Apply ice-cold compress and renew every 4 hours."

5. When prescribing a medicament (Section 3D, pp. XII-24 and XII-25) *three signals should be used as follows:*

- (a) *the first* (Section 3D-1, p. XII-24 and Table M-3 in Section 4, pp. XII-31 through XII-36) to signify the medicament itself.

Example:

"MTD 32" = "You should give aspirin tablets."

- (b) *the second* (Section 3D-2, p. XII-24) to signify the method of administration and dose.

Example:

"MTI 2" = "You should give by mouth 2 tablets/capsules."

- (c) *the third* (Section 3D-3, p. XII-25) to signify the frequency of the dose.

"MTQ 8" = "You should repeat every 8 hours."

6. The frequency of external applications is Coded in Section 3D-4, p. XII-25.

Example:

"MTU 4" = "You should apply every 4 hours."

7. Advice concerning diet can be given by using signals from Section 3E, p. XII-25.

Example:

"MUC" = "Give water only in small quantities."

† Part 2, Section 3B, pp. XII-22 and XII-23, "Diagnosis," can be used by both the master ("request for medical assistance") and the doctor ("medical advice").

‡ Table M-3 has been modified to include an *Equivalent List of Medications* in a right-hand column. The name and number of each medication is the same as shown in Chapter VI, pp. VI-5 to VI-49. Masters of American vessels are urged to stock aboard ship the recommended *Equivalent List of Medications*.

EXAMPLES

As an example, two cases of request for assistance and the corresponding replies are drafted below:

Case One

Request for medical assistance

"I have a male age (44) years. Patient has been ill for (2) days. Patient has suffered from (bronchitis acute). Onset was sudden. Patient is delirious. Patient has fits of shivering. Temperature taken in mouth is (40). Pulse rate per minute is (110). The rate of breathing per minute is (30). Patient is in pain (chest). Part of the body affected is right (chest). Pain is increased on breathing. Patient has severe cough. Patient has bloodstained sputum. Patient has been given (penicillin injection) without effect. Patient has received treatment by medicaments in last (18) hours. My probable diagnosis is (pneumonia)."

Medical advice

"Your diagnosis is probably right. You should continue giving (penicillin injection). You should repeat every (12) hours. Put patient to bed lying down at absolute rest. Keep patient warm. Give fluid diet, milk, fruit juice, tea, mineral water. Give water very freely. Refer back to me in (24) hours or before if patient worsens."

Case Two

Request for medical assistance

"I have a male aged (31) years. Patient has been ill for (3) hours. Patient has had no serious previous illness. Pulse rate per minute is (95). Pulse is weak. Patient is sweating. Patient is in pain in lumbar (kidney) region. The part affected is left lumbar (kidney) region. Pain is severe. Pain is increased by hand pressure. Bowels are regular."

Request for additional information

"I cannot make a diagnosis. Please answer the following question(s). Temperature taken in the mouth is (number). Pain radiates to groin and testicle. Patient has pain on passing

water. Urinary functions normal. Vomiting is present."

Additional information

"Temperature taken in mouth is (37). Pain radiates to groin and testicle. Patient has pain on passing water. Patient is passing small quantities of urine frequently. Vomiting is absent. Patient has nausea."

Medical advice

"My probable diagnosis is kidney stone (renal colic). You should give morphine injection. You should give by subcutaneous injection (10) milligrams. Give water freely. Apply hot water bottle to lumbar (kidney) region. Patient should be seen by doctor when next in port."

Part 2—Section 2

REQUEST FOR MEDICAL ASSISTANCE

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
-------------	----------------	----------------------------

A. REQUEST—GENERAL INFORMATION

MAA	I request urgent medical advice.	
MAB	I request you to make rendezvous in position indicated.	
MAC	I request you to arrange hospital admission.	
MAD	I am . . . (indicate number) hours from nearest port.	
MAE	I am converging on nearest port.	
MAF	I am moving away from nearest port.	
	I require medical assistance	W
	I have a doctor on board	AL
	Have you a doctor?	AM
	I need a doctor	AN
	I need a doctor; I have severe burns	AN 1
	I need a doctor; I have radiation casualties	AN 2
	I require a helicopter urgently with a doctor	BR 2
	I require a helicopter urgently to pick up injured/sick person	BR 3
	Helicopter is coming to you now (or at time indicated) with a doctor ..	BT 2
	Helicopter is coming to you now (or at time indicated) to pick up injured/sick person	BT 3
	I have injured/sick person (or number of persons indicated) to be taken off urgently	AQ
	You should send a helicopter/boat with a stretcher	BS
	A helicopter/boat is coming to take injured/sick	BU
	You should send injured/sick persons to me	AT

B. DESCRIPTION OF PATIENT

MAJ	I have a male aged . . . (number) years.
MAK	I have a female aged . . . (number) years.

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MAL	I have a female . . . (number) months pregnant.	
MAM	Patient has been ill for . . . (number) days.	
MAN	Patient has been ill for . . . (number) hours.	
MAO	General condition of the patient is good.	
MAP	General condition of the patient is serious.	
MAQ	General condition of the patient is unchanged.	
MAR	General condition of the patient has worsened.	
MAS	Patient has been given . . . (Table M-3 in Section 4, pp. XII-31 through XII-36) with effect.	
MAT	Patient has been given . . . (Table M-3 in Section 4, pp. XII-31 through XII-36) without effect.	
MAU	Patient has received treatment by medicaments in last . . . (indicate number) hours.	

C. PREVIOUS HEALTH

MBA	Patient has suffered from . . . (Table M-2 in Section 4, p. XII-30).
MBB	Patient has had previous operation . . . (Table M-2 in Section 4, p. XII-30).
MBC	Patient has had no serious previous illness.
MBD	Patient has had no relevant previous injury.

D. LOCALIZATION OF SYMPTOMS, DISEASES, OR INJURIES

MBE	The whole body is affected.
MBF	The part of the body affected is . . . (Table M-1 in Section 4, p. XII-27).
*MBG	The part of the body affected is right . . . (Table M-1 in Section 4, p. XII-27).
*MBH	The part of the body affected is left . . . (Table M-1 in Section 4, p. XII-27).

* To be used when right and left side of the body or limb need to be differentiated.

E. GENERAL SYMPTOMS

MBP	Onset was sudden.
MBQ	Onset was gradual.

Temperature

MBR	Temperature taken in mouth is . . . (number).
MBS	Temperature taken in rectum is . . . (number).

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MBT	Temperature in morning is . . . (number).	
MBU	Temperature in the evening is . . . (number).	
MBV	Temperature is rising.	
MBW	Temperature is falling.	

Pulse

MBX	The pulse rate per minute is . . . (number).
MBY	The pulse rate is irregular.
MBZ	The pulse rate is rising.
MCA	The pulse rate is falling.
MCB	The pulse is weak.
MCC	The pulse is too weak to count.
MCD	The pulse is too rapid to count.

Breathing

MCE	The rate of breathing per minute is . . . (number) (in and out being counted as one breath).
MCF	The breathing is weak.
MCG	The breathing is wheezing.
MCH	The breathing is regular.
MCI	The breathing is irregular.
MCJ	The breathing is strenuous (noisy).

Sweating

MCL	Patient is sweating.
MCM	Patient has fits of shivering (chills).
MCN	Patient has night sweats.
MCO	Patient's skin is hot and dry.
MCP	Patient is cold and clammy.

Mental State and Consciousness

MCR	Patient is conscious.
MCT	Patient is semiconscious but can be roused.
MCU	Patient is unconscious.
MCV	Patient found unconscious.

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MCW	Patient appears to be in a state of shock.	
MCX	Patient is delirious.	
MCY	Patient has mental symptoms.	
MCZ	Patient is paralyzed . . . (Table M-1 in Section 4, p. XII-27).	
MDC	Patient is restless.	
MDD	Patient is unable to sleep.	

Pain

MDF	Patient is in pain . . . (Table M-1 in Section 4, p. XII-27).
MDG	Pain is a dull ache.
MDJ	Pain is slight.
MDL	Pain is severe.
MDM	Pain is intermittent.
MDN	Pain is continuous.
MDO	Pain is increased by hand pressure.
MDP	Pain radiates to . . . (Table M-1 in Section 4, p. XII-27).
MDQ	Pain is increased on breathing.
MDR	Pain is increased by action of bowels.
MDT	Pain is increased on passing water.
MDU	Pain occurs after taking food.
MDV	Pain is relieved by taking food.
MDW	Pain has no relation to taking food.
MDX	Pain is relieved by heat.
MDY	Pain has ceased.

Cough

MED	Cough is present.
MEF	Cough is absent.

Bowels

MEG	Bowels are regular.
MEJ	Patient is constipated and bowels last opened . . . (indicate number of days).
MEL	Patient has diarrhea . . . (indicate number of times daily).

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
Vomiting		
MEM	Vomiting is present.	
MEN	Vomiting is absent.	
MEO	Patient has nausea.	
Urine		
MEP	Urinary functions normal.	
MEQ	Urinary functions abnormal.	
Bleeding		
MER	Bleeding is present . . . (Table M-1 in Section 4, p. XII-27).	
MET	Bleeding is absent.	
Rash		
MEU	A rash is present . . . (Table M-1 in Section 4, p. XII-27).	
MEV	A rash is absent.	
Swelling		
MEW	Patient has a swelling . . . (Table M-1 in Section 4, p. XII-27).	
MEX	Swelling is hard.	
MEY	Swelling is soft.	
MEZ	Swelling is hot and red.	
MFA	Swelling is painful on hand pressure.	
MFB	Swelling is discharging.	
MFC	Patient has an abscess . . . (Table M-1 in Section 4, p. XII-27).	
MFD	Patient has a carbuncle . . . (Table M-1 in Section 4, p. XII-27).	

F. PARTICULAR SYMPTOMS

F-1. Accidents, Injuries, Fractures, Suicide, and Poisons

	Bleeding is present . . . (Table M-1 in Section 4, p. XII-27)	MER
MFE	Bleeding is severe.	
MFF	Bleeding is slight.	
MFG	Bleeding has been stopped by pad(s) and bandaging.	
MFH	Bleeding has been stopped by tourniquet.	
MFI	Bleeding has stopped.	
MFJ	Bleeding cannot be stopped.	

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MFK	Patient has a superficial wound . . . (Table M-1 in Section 4, p. XII-27).	
MFL	Patient has a deep wound . . . (Table M-1 in Section 4, p. XII-27).	
MFM	Patient has a penetrating wound . . . (Table M-1 in Section 4, p. XII-27).	
MFN	Patient has a clean-cut wound . . . (Table M-1 in Section 4, p. XII-27).	
MFO	Patient has a wound with ragged edges . . . (Table M-1 in Section 4, p. XII-27).	
MFP	Patient has a wound discharging . . . (Table M-1 in Section 4, p. XII-27).	
MFQ	Patient has contusion (bruising) . . . (Table M-1 in Section 4, p. XII-27).	
MFR	Wound is due to blow.	
MFS	Wound is due to crushing.	
MFT	Wound is due to explosion.	
MFU	Wound is due to fall.	
MFV	Wound is due to gunshot.	
MFW	Patient has a foreign body in wound.	
MFX	Patient is suffering from concussion.	
MFY	Patient cannot move the arm . . . (Table M-1 in Section 4, p. XII-27).	
MFZ	Patient cannot move the leg . . . (Table M-1 in Section 4, p. XII-27).	
MGA	Patient has dislocation . . . (Table M-1 in Section 4, p. XII-27).	
MGB	Patient has simple fracture . . . (Table M-1 in Section 4, p. XII-27).	
MGC	Patient has compound fracture . . . (Table M-1 in Section 4).	
MGD	Patient has comminuted fracture . . . (Table M-1 in Section 4, p. XII-27).	
MGE	Patient has attempted suicide.	
MGF	Patient has cut throat.	
MGG	Patient has superficial burn . . . (Table M-1 in Section 4, p. XII-27).	
MGH	Patient has severe burn . . . (Table M-1 in Section 4, p. XII-27).	
MGI	Patient is suffering from noncorrosive poisoning (no staining and burning of mouth and lips).	
MGJ	Patient has swallowed corrosive (staining and burning of mouth and lips).	
MGK	Patient has swallowed unknown poison.	

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MGL	Patient has swallowed a foreign body.	
MGM	Emetic has been given with good results.	
MGN	Emetic has been given without good results.	
MGO	No emetic has been given.	
MGP	Patient has had corrosive thrown on him . . . (Table M-1 in Section 4, p. XII-27).	
MGQ	Patient has inhaled poisonous gases, vapors, dust.	
MGR	Patient is suffering from animal bite . . . (Table M-1 in Section 4, p. XII-27).	
MGS	Patient is suffering from snakebite . . . (Table M-1 in Section 4, p. XII-27).	
MGT	Patient is suffering from gangrene . . . (Table M-1 in Section 4, p. XII-27).	

F-2. Diseases of Nose and Throat

MGU	Patient has nasal discharge.	
MGV	Patient has foreign body in nose.	
MHA	Lips are swollen.	
MHB	Tongue is dry.	
MHC	Tongue is coated.	
MHD	Tongue is glazed and red.	
MHF	Tongue is swollen.	
MHG	Patient has ulcer on tongue.	
MHJ	Patient has ulcer in mouth.	
MHK	Gums are sore and bleeding.	
MHL	Throat is sore and red.	
MHM	Throat has pinpoint white spots on tonsils.	
MHN	Throat has gray white patches on tonsils.	
MHO	Throat hurts and is swollen on one side.	
MHP	Throat hurts and is swollen on both sides.	
MHQ	Swallowing is painful.	
MHR	Patient cannot swallow.	
MHT	Patient has hoarseness of voice.	
	Patient has swallowed a foreign body -----	MGL
MHV	Patient has severe toothache.	

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
F-3. Diseases of Respiratory System		
MHY	Patient has pain in chest on breathing . . . (Table M-1 in Section 4, p. XII-27).	
	Breathing is wheezing -----	MCG
MHZ	Breathing is deep.	
MIA	Patient has severe shortness of breath.	
MIB	Patient has asthmatical attack.	
	Cough is absent -----	MEF
MIC	Patient has severe cough.	
MID	Cough is longstanding.	
MIF	Patient is coughing up blood.	
MIG	Patient has no sputum.	
MIJ	Patient has abundant sputum.	
MIK	Sputum is offensive.	
MIL	Patient has bloodstained sputum.	
MIM	Patient has blueness of face.	

F-4. Diseases of the Digestive System

MIN	Patient has tarry stool.	
MIO	Patient has clay-colored stool.	
	Patient has diarrhea . . . (indicate number of times daily) -----	MEL
MIP	Patient has diarrhea with frequent stools like rice water.	
MIQ	Patient is passing blood with stools.	
MIR	Patient is passing mucus with stools.	
	Patient has nausea -----	MEO
MIT	Patient has persistent hiccough.	
MIU	Patient has cramp pains and vomiting.	
	Vomiting is present -----	MEM
	Vomiting is absent -----	MEN
MIV	Vomiting has stopped.	
MIW	Vomiting is persistent.	
MIX	Vomit is streaked with blood.	
MIY	Patient vomiting much blood.	
MIZ	Vomit is dark (like coffee grounds).	

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MJA	Patient vomits any food and liquid given.	
MJB	Amount of vomit is . . . (indicate in deciliters: 1 deciliter equals one-sixth of a pint).	
MJC	Frequency of vomiting is . . . (indicate number) daily.	
MJD	Patient has flatulence.	
MJE	Wind has not been passed per anus for . . . (indicate number of hours).	
MJF	Wind is being passed per anus.	
MJG	Abdomen is distended.	
MJH	Abdominal wall is soft (normal).	
MJI	Abdominal wall is hard and rigid.	
MJJ	Abdominal wall is tender . . . (Table M-1 in Section 4, p. XII-27).	
	Patient is in pain . . . (Table M-1 in Section 4, p. XII-27) -----	MDF
	Patient has a swelling . . . (Table M-1 in Section 4, p. XII-27) -----	MEW
MJK	Hernia is present.	
MJM	Hernia cannot be replaced.	
MJN	Hernia is painful and tender.	
MJO	Patient has bleeding hemorrhoids.	
MJP	Hemorrhoids cannot be reduced (put back in place).	

F-5. Diseases of the Genitourinary System

	Patient is in pain . . . (Table M-1 in Section 4, p. XII-27) -----	MDF
MJS	Patient has pain on passing water.	
MJT	Patient has pain in penis at end of passing water.	
MJU	Patient has pain spreading from abdomen to penis, testicles, or thigh.	
MJV	Patient is unable to hold urine (incontinent).	
MJW	Patient is unable to pass urine.	
MJX	Patient is passing small quantities of urine frequently.	
MJY	Amount of urine passed in 24 hours . . . (indicate number in deciliters: 1 deciliter equals one-sixth of a pint).	
	Urinary functions normal -----	MEP
MKA	Urine contains albumen.	
MKB	Urine contains sugar.	
MKC	Urine contains blood.	
MKD	Urine is very dark brown.	

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MKE	Urine is offensive and may contain pus.	
MKF	Penis is swollen.	
MKH	Foreskin will not go back to normal position.	
MKI	Patient has swelling of testicles.	
MKJ	Shall I pass a catheter?	
MKK	I have passed a catheter.	
MKL	I am unable to pass a catheter.	

F-6. Diseases of the Nervous System and Mental Diseases

MKP	Patient has headache . . . (Table M-1 in Section 4, p. XII-27).	
MKQ	Headache is throbbing.	
MKR	Headache is very severe.	
MKS	Head cannot be moved forward to touch chest.	
MKT	Patient cannot feel pinprick . . . (Table M-1 in Section 4, p. XII-27).	
MKU	Patient is unable to speak properly.	
MKV	Giddiness (vertigo) is present.	
	Patient is paralyzed . . . (Table M-1 in Section 4, p. XII-27) -----	MCZ
	Patient is conscious -----	MCR
	Patient is semiconscious but can be roused -----	MCT
	Patient is unconscious -----	MCU
MKW	Pupils are equal in size.	
MKX	Pupils are unequal in size.	
MKY	Pupils do not contract in a bright light.	
MKZ	Patient has no control over his bowels.	
MLA	Patient has fits associated with rigidity of muscles and jerking of limbs—indicate number of fits per 24 hours.	
	Patient has mental symptoms -----	MCY
MLB	Patient has delusions.	
MLC	Patient is depressed.	
	Patient is delirious -----	MCX
MLD	Patient is uncontrollable.	
	Patient has attempted suicide -----	MGE
MLE	Patient has had much alcohol.	

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MLF	Patient has delirium tremens.	
MLG	Patient has bedsores . . . (Tables M-1 in Section 4, p. XII-27).	

F-7. Diseases of the Heart and Circulatory System

	Patient is in pain . . . (Table M-1 in Section 4, p. XII-27) -----	MDF
MLH	Pain has been present for . . . (indicate number of minutes).	
MLI	Pain in chest is constricting in character.	
MLJ	Pain is behind the breastbone.	
	Pain radiates to . . . (Table M-1 in Section 4, p. XII-27) -----	MDP
	Patient has blueness of face -----	MIM
MLK	Patient has pallor.	
	The rate of breathing per minute is . . . (number) (in and out being counted as one breath) -----	MCE
	The pulse is weak -----	MCB
	The pulse rate is irregular -----	MBY
	The pulse is too weak to count -----	MCC
	The pulse is too rapid to count -----	MCD
MLL	Breathing is difficult when lying down.	
MLM	Swelling of legs that pits on pressure.	
MLN	Patient has varicose ulcer.	

F-8. Infectious and Parasitic Diseases

MLR	Rash has been present for . . . (indicate number of hours).
MLS	Rash first appeared on . . . (Table M-1 in Section 4, p. XII-27).
MLT	Rash is spreading to . . . (Table M-1 in Section 4, p. XII-27).
MLU	Rash is fading.
MLV	Rash is itchy.
MLW	Rash is not itchy.
MLX	Rash looks like general redness.
MLY	Rash looks like blotches.
MLZ	Rash looks like small blisters containing clear fluid.
MMA	Rash looks like larger blisters containing pus.
MMB	Rash is weeping (oozing).
MMC	Rash looks like wheals.

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MMD	Rash consists of rose-colored spots that do not blanch on pressure.	
MME	Skin is yellow.	
	Patient has an abscess . . . (Table M-1 in Section 4, p. XII-27) -----	MFC
MMF	Patient has buboes . . . (Table M-1 Section 4, p. XII-27).	
MMJ	Patient has been isolated.	
MMK	Should patient be isolated?	
MML	I have had (indicate number) similar cases.	
	Patient has diarrhea with frequent stools like rice water -----	MIP
	Patient has never been successfully vaccinated against smallpox -----	MUT
	Patient was last vaccinated . . . (date indicated) -----	MUW
	Patient has vaccination marks -----	MUV

F-9. Venereal Diseases

(See also Diseases of Genitourinary System.)

MMP	Patient has discharge from penis.	
MMQ	Patient has previous history of gonorrhea.	
MMR	Patient has single hard sore on penis.	
MMS	Patient has multiple sores on penis.	
	Patient has buboes . . . (Table M-1 in Section 4, p. XII-27) -----	MMF
MMT	Patient has swollen glands in the groin.	
MMU	End of penis is inflamed and swollen. -----	

F-10. Diseases of the Ear

	Patient is in pain . . . (Table M-1 in Section 4, p. XII-27) -----	MDF
MMW	Patient has boil in ear(s).	
MMX	Patient has discharge of blood from ear(s).	
MMY	Patient has discharge of clear fluid from ear(s).	
MMZ	Patient has discharge of pus from ear(s).	
MNA	Patient has hearing impaired.	
MNB	Patient has foreign body in ear.	
	Giddiness (vertigo) is present -----	MKV
MNC	Patient has constant noises in ear(s).	

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
F-11. Diseases of the Eye		
	Patient is in pain . . . (Table M-1 in Section 4, p. XII-27) -----	MDF
MNG	Patient has inflammation of eye(s).	
MNH	Patient has discharge from eye(s).	
MNI	Patient has foreign body embedded in the pupil area of the eye.	
MNJ	Eyelids are swollen.	
MNK	Patient cannot open eyes (raise eyelids).	
MNL	Patient has foreign body embedded in the white of the eye.	
MNM	Patient has double vision when looking at objects with both eyes open.	
MNN	Patient has sudden blindness in one eye.	
MNO	Patient has sudden blindness in both eyes.	
	Pupils are equal in size -----	MKW
	Pupils are unequal in size -----	MKX
	Pupils do not contract in a bright light -----	MKY
	Patient has a penetrating wound . . . (Table M-1 in Section 4, p. XII-27) -----	MFM
MNP	Eyeball is yellow in color.	

F-12. Diseases of the Skin

See Infectious and Parasitic Diseases in Paragraph F-8 of Section 2, pp. XII-18 and XII-19.

F-13. Diseases of Muscles and Joints

MNT	Patient has pain in muscles of . . . (Table M-1 in Section 4, p. XII-27).
MNU	Patient has pain in joint(s) . . . (Table M-1 in Section 4, p. XII-27).
MNV	Patient has redness and swelling of joint(s) . . . (Table M-1 in Section 4, p. XII-27).
MNW	There is history of recent injury.
MNX	There is no history of injury.

F-14. Miscellaneous Illnesses

	Patient has had much alcohol -----	MLE
MOA	Patient is suffering from heat exhaustion.	
MOB	Patient is suffering from heat stroke.	
MOC	Patient is suffering from seasickness.	

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MOD	Patient is suffering from exposure in lifeboat—indicate length of exposure (number) hours.	
MOE	Patient is suffering from frostbite . . . (Table M-1 in Section 4, p. XII-27).	
MOF	Patient has been exposed to radioactive hazard.	

F-15. Childbirth

MOK	I have a patient in childbirth aged . . . (number) years.
MOL	Patient states she has had . . . (number) children.
MOM	Patient states child is due in . . . (number) weeks.
MON	Pains began . . . (number) hours ago.
MOO	Pains are feeble and produce no effect.
MOP	Pains are strong and effective.
MOQ	Pains are occurring every . . . (number) minutes.
MOR	The bag of membranes broke . . . (number) hours ago.
MOS	There is severe bleeding from the womb.
MOT	The head is coming first.
MOU	The buttocks are coming first.
MOV	A foot has appeared first.
MOW	An arm has appeared first.
MOX	The child has been born.
MOY	The child will not breathe.
MOZ	The placenta has been passed.
MPA	The placenta has not been passed.
MPB	I have a nonpregnant woman who is bleeding from the womb.

G. PROGRESS REPORT

MPE	I am carrying out prescribed instructions.
MPF	Patient is improving.
MPG	Patient is not improving.
MPH	Patient is relieved of pain.
MPI	Patient still has pain.
MPJ	Patient is restless.
MPK	Patient is calm.

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MPL	Symptoms have cleared.	
MPM	Symptoms have not cleared.	
MPN	Symptoms have increased.	
MPO	Symptoms have decreased.	
MPP	Treatment has been effective.	
MPQ	Treatment has been ineffective.	
MPR	Patient has died.	

Part 2—Section 3 **MEDICAL ADVICE**

A. REQUEST FOR ADDITIONAL INFORMATION

MQB	I cannot understand your signal; please use standard method of case description.
MQC	Please answer the following question(s).

B. DIAGNOSIS

MQE	My probable diagnosis is . . . (Table M-2 in Section 4, p. XII-30).
MQF	My alternative diagnosis is . . . (Table M-2 in Section 4, p. XII-30).
MQG	My probable diagnosis is infection or inflammation . . . (Table M-1 in Section 4, p. XII-27).
MQH	My probable diagnosis is perforation of . . . (Table M-1 in Section 4, p. XII-27).
MQI	My probable diagnosis is tumor of . . . (Table M-1 in Section 4, p. XII-27).
MQJ	My probable diagnosis is obstruction of . . . (Table M-1 in Section 4, p. XII-27).
MQK	My probable diagnosis is hemorrhage of . . . (Table M-1 in Section 4, p. XII-27).
SQL	My probable diagnosis is foreign body in . . . (Table M-1 in Section 4, p. XII-27).
MQM	My probable diagnosis is fracture of . . . (Table M-1 in Section 4, p. XII-27).
MQN	My probable diagnosis is dislocation of . . . (Table M-1 in Section 4, p. XII-27).
MQO	My probable diagnosis is sprain of . . . (Table M-1 in Section 4, p. XII-27).

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MQP	I cannot make a diagnosis.	
MQT	Your diagnosis is probably right.	
MQU	I am not sure about your diagnosis.	

C. SPECIAL TREATMENT

MRI	You should refer to your International Ship's Medical Guide if available or its equivalent.
MRJ	You should follow treatment in your own medical guide.
MRK	You should follow the instructions for this procedure outlined in your own medical guide.
MRL	Commence artificial respiration immediately.
MRM	Pass catheter into bladder.
MRN	Pass catheter again after . . . (number) hours.
MRO	Pass catheter and retain it in bladder.
MRP	Apply ice-cold compress and renew every . . . (number) hours.
MRQ	Apply hot compress and renew every . . . (number) hours.
MRR	Apply hot-water bottle to . . . (Table M-1 in Section 4, p. XII-27).
MRS	Insert ear drops . . . (number) times daily.
MRT	Insert antiseptic eye drops . . . (number) times daily.
MRU	Insert anaesthetic eye drops . . . (number) times daily.
MRV	Bathe eye frequently with hot water.
MRW	Give frequent gargles one teaspoonful of salt in a tumblerful of water.
MRX	Give enema.
MRY	Do not give enema or laxative.
MRZ	Was the result of the enema satisfactory?
MSA	Give rectal saline slowly to replace fluid loss.
MSB	Give subcutaneous saline to replace fluid loss.
MSC	Apply well-padded splint(s) to immobilize limb. Watch circulation by inspection of color of fingers or toes.
MSD	Apply cotton wool to armpit and bandage arm to side.
MSF	Apply a sling and/or rest the part.
MSG	Give light movements and massage daily.
MSJ	Place patient in hot bath.
MSK	To induce sleep give two sedative tablets.

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MSL	Reduce temperature of patient as indicated in general nursing chapter of Medical Guide.	
MSM	The swelling should be incised and drained.	
MSN	Dress wound with sterile gauze, cotton wool, and bandage.	
MSO	Dress wound with sterile gauze, cotton wool, and apply well-padded splint.	
MSP	Apply burn and wound dressing and bandage lightly.	
MSQ	Dress wound and bring edges together with adhesive plaster.	
MSR	The wound should be stitched.	
MST	The wound should not be stitched.	
MSU	Stop bleeding by applying more cotton wool, firm bandaging, and elevation of the limb.	
MSV	Stop bleeding by manual pressure.	
MSW	Apply tourniquet for not more than fifteen minutes.	
MSX	Induce vomiting by giving an emetic.	
MSY	You should pass a stomach tube.	
MSZ	Do not try to empty stomach by any method.	

D. TREATMENT BY MEDICAMENTS

D-1. Prescribing

MTD	You should give . . . (Table M-3 in Section 4, pp. XII-31 through XII-36).
MTE	You must not give . . . (Table M-3, in Section 4, pp. XII-31 through XII-36).

D-2. Method of Administration and Dose

MTF	You should give one tablespoonful (15 ml or ½ oz).
MTG	You should give one dessertspoonful (7.5 ml or ¼ oz).
MTH	You should give one teaspoonful (4 ml or 1 drachm).
MTI	You should give by mouth . . . (number) tablets/capsules.
MTJ	You should give a tumblerful of water with each dose.
MTK	You should give by intramuscular injection . . . (number) milligrams.
MTL	You should give by subcutaneous injection . . . (number) milligrams.
MTM	You should give by intramuscular injection . . . (number) ampoule(s).
MTN	You should give by subcutaneous injection . . . (number) ampoule(s).

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
-------------	----------------	----------------------------

D-3. Frequency of Dose

MTO	You should give once only.	
MTP	You should repeat after . . . (number) hours.	
MTQ	You should repeat every . . . (number) hours.	
MTR	You should continue for . . . (number) hours.	

D-4. Frequency of External Application

MTT	You should apply once only.	
MTU	You should apply every . . . (number) hours.	
MTV	You should cease to apply.	
MTW	You should apply for . . . (number) minutes.	

E. DIET

MUA	Give nothing by mouth.	
MUB	Give water very freely.	
MUC	Give water only in small quantities.	
MUD	Give water only as much as possible without causing the patient to vomit.	
MUE	Give ice to suck.	
MUF	Give fluid diet, milk, fruit, juices, tea, mineral water.	
MUG	Give light diet such as vegetable soup, steamed fish, stewed fruit, milk puddings, or equivalent.	
MUH	Give normal diet as tolerated.	

F. CHILDBIRTH

MUI	Has she had previous children?	
MUJ	How many months pregnant is she?	
MUK	When did labor pains start?	
	Give enema _____	MRX
MUL	Encourage her to rest between pains.	
MUM	Encourage her to strain down during pains.	
MUN	What is the frequency of pains (indicate in minutes).	
	To induce sleep give two sedative tablets _____	MSK
MUO	Patient should strain down and you exert steady but gentle pressure on lower part of the abdomen but not on the womb to help expulsion of the placenta.	

<i>Code</i>	<i>Meaning</i>	<i>Cross Reference</i>
MUP	You should apply tight wide binder around lower part of abdomen and hips.	
MUQ	You should apply artificial respiration gently by mouth technique on infant.	

G. VACCINATION AGAINST SMALLPOX

MUR	Has the patient been successfully vaccinated?
MUS	Has the patient been vaccinated during the past three years?
MUT	Patient has never been successfully vaccinated against smallpox.
MUU	Patient was last vaccinated . . . (indicate date).
MUV	Patient has vaccination marks.

H. GENERAL INSTRUCTIONS

MVA	I consider the case serious and urgent.
MVB	I do not consider the case serious or urgent.
MVC	Put patient to bed lying down at absolute rest.
MVD	Put patient to bed sitting up.
MVE	Raise head of bed.
MVF	Raise foot of bed.
MVG	Keep patient warm.
MVH	Keep patient cool.
MVI	You should continue your local treatment.
MVJ	You should continue your special treatment.
MVK	You should continue giving . . . (Table M-3 in Section 4, pp. XII-31 through XII-36).
MVL	You should suspend your local treatment.
MVM	You should suspend your special treatment.
MVN	You should cease giving . . . (Table M-3 in Section 4, pp. XII-31 through XII-36).
MVO	You should isolate the patient and disinfect his cabin.
MVP	You should land your patient at the earliest opportunity.
MVQ	Patient should be seen by a doctor when next in port.
MVR	I will arrange for hospital admission.
MVS	I think I should come on board and examine the case.
MVT	No treatment advised.
MVU	Refer back to me in . . . (number) hours or before if patient worsens.

Part 2—Section 4 **TABLES OF COMPLEMENTS**

(See illustrations pp. XII-28 and XII-29)

Table M-1

REGIONS OF THE BODY

Side of body or limb affected should be clearly indicated—right, left

Figure 1 (Front)

- | | | |
|---------------------------|---------------------------|------------------|
| 1. Frontal region of head | 13. Arm upper | 25. Scrotum |
| 2. Side of head | 14. Forearm | 26. Testicles |
| 3. Top of head | 15. Wrist | 27. Penis |
| 4. Face | 16. Palm of hand | 28. Upper thigh |
| 5. Jaw | 17. Fingers | 29. Middle thigh |
| 6. Neck front | 18. Thumb | 30. Lower thigh |
| 7. Shoulder | 19. Central upper abdomen | 31. Knee |
| 8. Clavicle | 20. Central lower abdomen | 32. Patella |
| *9. Chest | *21. Upper abdomen | 33. Front of leg |
| 10. Chest mid | *22. Lower abdomen | 34. Ankle |
| 11. Heart | *23. Lateral abdomen | 35. Foot |
| 12. Armpit | *24. Groin | 36. Toes |

Figure 2 (Back)

- | | | |
|----------------------|-----------------------------|-------------------|
| 37. Back of head | 44. Back of hand | 51. Buttock |
| 38. Back of neck | *45. Lower chest region | 52. Anus |
| 39. Back of shoulder | 46. Spinal column upper | 53. Back of thigh |
| 40. Scapula region | 47. Spinal column middle | 54. Back of knee |
| 41. Elbow | 48. Spinal column lower | 55. Calf |
| 42. Back upper arm | *49. Lumbar (kidney) region | 56. Heel |
| 43. Back lower arm | 50. Sacral region | |

Other Organs of the Body

- | | | |
|------------------------|---------------|------------------------|
| 57. Artery | 69. Lip lower | 81. Tongue |
| 58. Bladder | 70. Lip upper | 82. Tonsils |
| 59. Brain | 71. Liver | 83. Tooth, teeth |
| 60. Breast | 72. Lungs | 84. Urethra |
| 61. Ear(s) | 73. Mouth | 85. Uterus, womb |
| 62. Eye(s) | 74. Nose | 86. Vein |
| 63. Eyelid(s) | 75. Pancreas | 87. Voice box (larynx) |
| 64. Gall bladder | 76. Prostate | 88. Whole abdomen |
| 65. Gullet (esophagus) | 77. Rib(s) | 89. Whole arm |
| 66. Gums | 78. Spleen | 90. Whole back |
| 67. Intestine | 79. Stomach | 91. Whole chest |
| 68. Kidney | 80. Throat | 92. Whole leg |

* Indicate side as required.

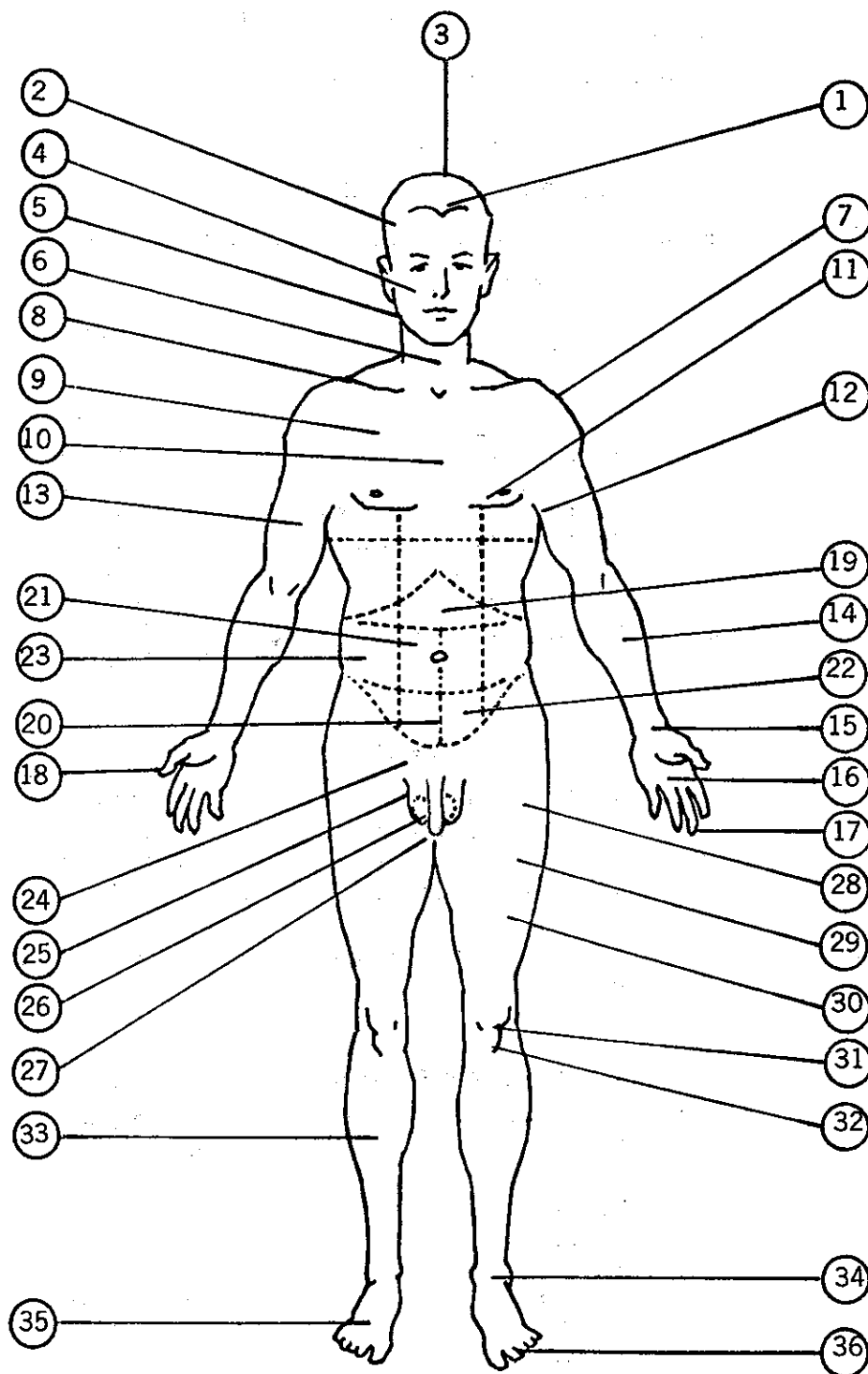


Fig. 12-1. To get MEDICAL ADVICE BY RADIO, use the numbers shown in this figure or those in Figure 12-2. This is a front view (diagrammatic) of the human body. Each body part or body area is assigned a specific number.

In the radio message, the *side* of the body or *limb* affected should be clearly indicated as *right side* or *left side* (see p. XII-9.) Refer to Table M-1 to identify the body parts associated with the numbers.

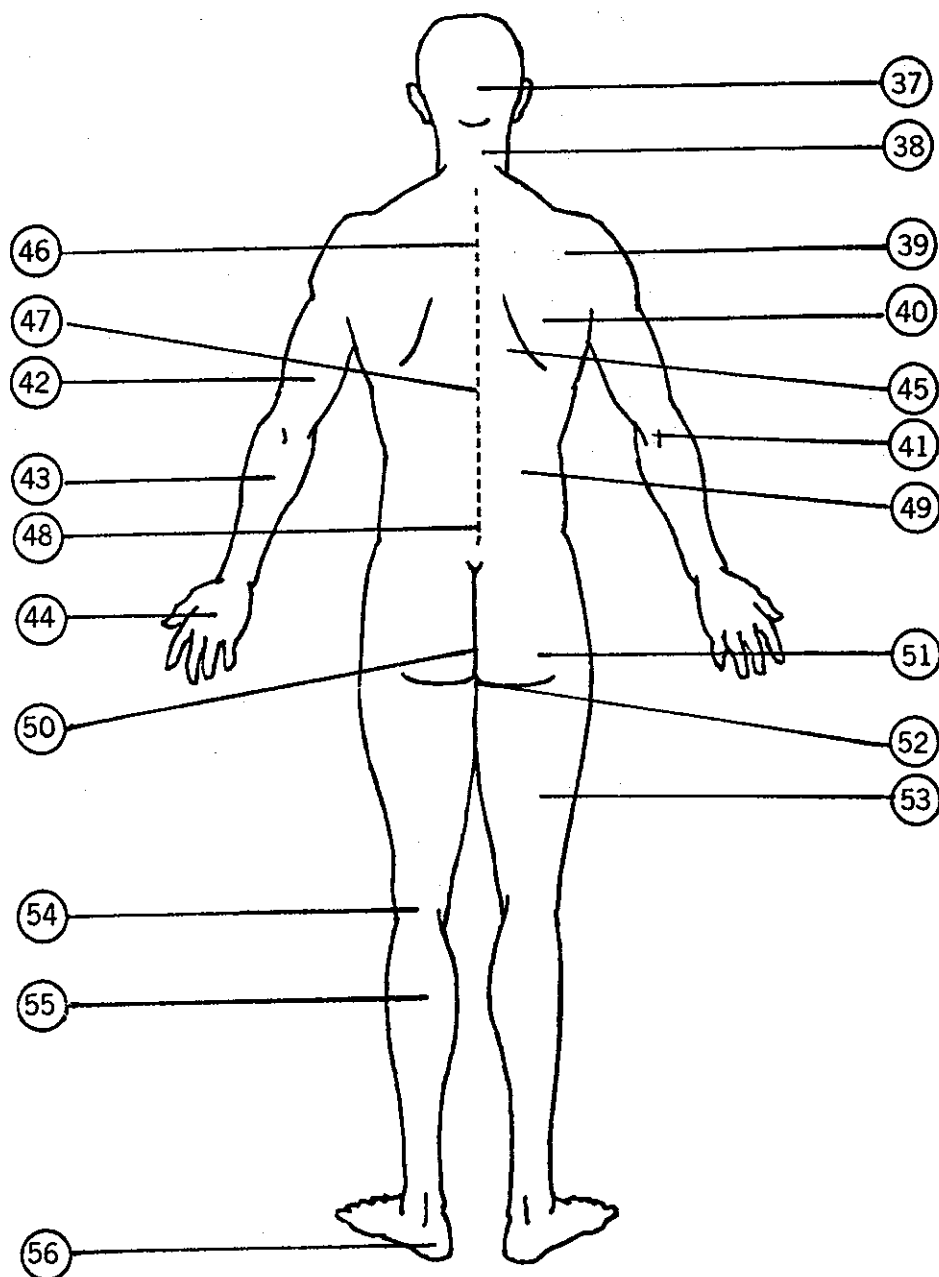


Fig. 12-2. To get MEDICAL ADVICE BY RADIO, use the numbers shown in this figure or those in Figure 12-1. This is a back view (diagrammatic) of the human body. Each body part or body area is assigned a specific number.

In the radio message, the side of the body or limb affected should be clearly indicated as *right side* or *left side*. (See p. XII-9.) Refer to Table M-1 to identify the body parts associated with the numbers.

Table M-2

LIST OF COMMON DISEASES

- | | | |
|--|-----------------------------------|---|
| 1. Abscess | 33. Eczema | 65. Piles |
| 2. Alcoholism | 34. Erysipelas | 66. Plague |
| 3. Allergic reaction | 35. Fits | 67. Pleurisy |
| 4. Amoebic dysentery | 36. Gangrene | 68. Pneumonia |
| 5. Angina pectoris | 37. Gastric ulcer | 69. Poisoning (corrosive) |
| 6. Anthrax | 38. Gastroenteritis | 70. Poisoning
(noncorrosive) |
| 7. Apoplexy (stroke) | 39. Gonorrhea | 71. Poisoning (barbiturates) |
| 8. Appendicitis | 40. Gout | 72. Poisoning (methyl
alcohol) |
| 9. Asthma | 41. Heat cramps | 73. Poisoning (gases) |
| 10. Bacillary dysentery | 42. Heat exhaustion | 74. Poliomyelitis |
| 11. Boils | 43. Heat stroke | 75. Prolapsed intervertebral
disc (slipped disc) |
| 12. Bronchitis (acute) | 44. Hepatitis | 76. Pulmonary tuberculosis |
| 13. Bronchitis (chronic) | 45. Hernia | 77. Quinsy |
| 14. Brucellosis | 46. Hernia (irreducible) | 78. Rheumatism |
| 15. Carbuncle | 47. Hernia (strangulated) | 79. Rheumatic fever |
| 16. Cellulitis | 48. Immersion foot | 80. Scarlet fever |
| 17. Chancroid | 49. Impetigo | 81. Sciatica |
| 18. Chickenpox | 50. Insulin overdose | 82. Shingles (herpes zoster) |
| 19. Cholera | 51. Indigestion | 83. Sinusitis |
| 20. Cirrhosis of the liver | 52. Influenza | 84. Shock |
| 21. Concussion | 53. Intestinal obstruction | 85. Smallpox |
| 22. Compression of brain | 54. Kidney stone (renal
colic) | 86. Syphilis |
| 23. Congestive heart failure | 55. Laryngitis | 87. Tetanus |
| 24. Constipation | 56. Malaria | 88. Tonsillitis |
| 25. Coronary thrombosis | 57. Measles | 89. Typhoid |
| 26. Cystitis (bladder
inflammation) | 58. Meningitis | 90. Typhus |
| 27. Dengue | 59. Mental illness | 91. Urethritis |
| 28. Diabetes | 60. Migraine | 92. Urticaria (nettle rash) |
| 29. Diabetic coma | 61. Mumps | 93. Whooping cough |
| 30. Diphtheria | 62. Orchitis | 94. Yellow fever |
| 31. Drug reaction | 63. Peritonitis | |
| 32. Duodenal ulcer | 64. Phlebitis | |

Table M-3

LIST OF MEDICAMENTS**List of Medicaments**

(Identified by *number and name*) from the medical section of the *International Code of Signals**

† List of Equivalent Medications

(Identified by *number and name*) recommended in Chapter VI of this publication, THE SHIP'S MEDICINE CHEST AND MEDICAL AID AT SEA

A. FOR EXTERNAL USE

- | | |
|---|---|
| 1. Auristillae Glyceris
Glycerin eardrops
EARDROPS | ≡ No equivalent. Obtain further medical advice. |
| 2. Guttae Sulfacetamidi
Sulfacetamide eye drops
ANTISEPTIC EYE DROPS | 82. Polymyxin B-Neomycin-Gramicidin
Eye Drops |
| 3. Guttae Tetracainae
Tetracaine eye drops
ANESTHETIC EYE DROPS | 87. Proparacaine Hydrochloride
Eye Drops |
| 4. Linimentum Methylis Salicylatis
Methyl salicylate liniment
SALICYLATE LINIMENT | 61. Menthol Ointment, Compound |
| 5. Lotio Calaminae
Calamine Lotion
CALAMINE LOTION | 18. Calamine Lotion |
| 6. Lotio Cetrimidi
Cetrimide lotion
ANTISEPTIC LOTION | 84. Povidone-Iodine Solution |
| 7. Naristillae Ephedrine
Norephedrine hydrochloride drops
NASAL DROPS | 78. Phenylephrine Hydrochloride
Nasal Spray, 0.25% |
| 8. Paraffinum Molle Flavum
Yellow soft paraffin
SOFT PARAFFIN | ≡ No equivalent. Obtain further medical advice. |

* Preparations listed above in the left-hand column are reproduced from Publication No. H.O. 102, INTERNATIONAL CODE OF SIGNALS, UNITED STATES EDITION, 1969. Chapter 3, pp. 97 to 130. For the sake of uniformity, medicaments are indicated in the first place by their Latin denomination so that a correct translation can be found in each language.

† Masters of American vessels are urged to stock aboard ship the EQUIVALENT MEDICATIONS listed in the above right-hand column. Each EQUIVALENT MEDICATION has a number which may be used to identify it—see pp. VI-5 to VI-49.

Each medication listed in the left-hand column has its *equivalent* listed directly opposite in the right-hand column.

IN ALL CASES, BE SURE TO VERIFY THE CORRECT DOSAGE OF THE MEDICATION TO BE USED. Where no similar medication is stocked aboard ship, medical advice must be sought by radio.

Table M-3 (Continued)

LIST OF MEDICAMENTS**List of Medicaments**

(Identified by *number* and *name*) from the medical section of the *International Code of Signals**

9. Paraffinum Molle Flavum Carbasi
Absorbentis
Tulle gras dressing (Paraffin gauze)
BURN/WOUND DRESSING
10. Unguentum Bacitracini
Bacitracin ointment
ANTIBIOTIC OINTMENT
11. Unguentum Benzocaini Compositum
Compound benzocaine ointment
PILE OINTMENT
12. Unguentum Xylocaini Hydrochloridi
Mylocaine ointment
LOCAL ANESTHETIC OINTMENT

† List of Equivalent Medications

(Identified by *number* and *name*) recommended in Chapter VI, pp. VI-5 to VI-49.

- ≡ No equivalent. Obtain further medical advice.
14. Bacitracin Ointment
47. Hemorrhoidal Suppository
- ≡ No equivalent. Obtain further medical advice.

B. FOR INTERNAL USE**Allergic Conditions**

- | | |
|---|--|
| <ol style="list-style-type: none"> 13. Compressi Promethazini Hydrochloridi
Promethazine hydrochloride tablets
ANTIHISTAMINE TABLETS
(25 mgs per tablet) 14. Injectic Adrenalini
Adrenaline injection
ADRENALINE
(1 mg in "Ampins") | <ol style="list-style-type: none"> 33. Diphenhydramine Hydrochloride Capsules,
25 mg 38. Epinephrine Hydrochloride Injection,
1:1000, 1 ml cartridge |
|---|--|

Caution: USE ABOVE INJECTION NO. 14 ONLY ON MEDICAL ADVICE BY RADIO—EXCEPT IN CASE OF ANAPHYLACTIC SHOCK DUE TO PENICILLIN INJECTION

Caution: USE ABOVE INJECTION NO. 38 ONLY ON MEDICAL ADVICE BY RADIO—EXCEPT IN CASE OF ANAPHYLACTIC SHOCK DUE TO PENCILLIN INJECTION.

Antibiotics

- | | |
|---|---|
| <ol style="list-style-type: none"> 15. Capsulae Tetracyclini Hydrochloridi
Tetracycline hydrochloride capsules
TETRACYCLINE CAPSULES
(250 mgs per capsule) | <ol style="list-style-type: none"> 101. Tetracycline Hydrochloride Capsules
250 mg |
|---|---|

* See footnote, p. XII-31, left-hand column.

† See footnote, p. XII-31, right-hand column.

Table M-3 (Continued)

LIST OF MEDICAMENTS**List of Medicaments**

(Identified by *number and name*) from the medical section of the *International Code of Signals**

16. Compressi Phenoxymethylpenicillini
Phenoxymethylpenicillin
PENICILLIN TABLETS
(125 mgs per tablet)
17. Compressi Sulfadimidini
Sulfadimidine tablets
SULFONAMIDE TABLETS
(500 mgs per tablet)
18. Injectio Benzylpenicillini
Procaine penicillin G
PENICILLIN INJECTION
(600,000 units per ampoule)
19. Injectio Streptomycini Sulfatis
Streptomycin sulfate injection
STREPTOMYCIN INJECTION
(1,000 mgs per ampoule)
20. Injectio Tetracyclini Hydrochloridi
Tetracycline hydrochloride
TETRACYCLINE INJECTION
(100 mgs per ampoule)

21. Compressi Aminophyllini
Aminophylline tablets
ASTHMA RELIEF TABLETS
(300 mgs per tablet)

Caution: THIS TABLET NO. 21 TO BE USED ONLY ON MEDICAL ADVICE BY RADIO

22. Compressi Ephedrini Hydrochloridi
Ephedrine Hydrochloride tablets
EPHEDRINE TABLETS
(30 mgs per tablet)

† List of Equivalent Medications

(Identified by *number and name*) recommended in Chapter VI, pp. VI-5 to VI-49.

73. Penicillin V Potassium Tablets, 250 mg
(Note: Compensation is required for difference in tablet strength.)
96. Sulfisoxazole Tablets, 500 mg
71. Penicillin G Procaine, Sterile Suspension, 600,000 units/ml
- ≡ No equivalent. Obtain further medical advice.
- ≡ No equivalent. Obtain further medical advice.

Asthma

8. Aminophylline Suppository Rectal, 500 mg
(Note different dosage form and route of administration.)
37. Ephedrine Sulfate Capsules, 25 mg

* See footnote, p. XII-31, left-hand column.

† See footnote, p. XII-31, right-hand column.

Table M-3 (Continued)

LIST OF MEDICAMENTS**List of Medicaments**

(Identified by *number and name*) from the medical section of the *International Code of Signals**

† List of Equivalent Medications

(Identified by *number and name*) recommended in Chapter VI, pp. VI-5 to VI-49.

23. Tinctura Benzoini Composita
Tincture of benzoin compound
INHALATION MIXTURE

≡ No equivalent. Obtain further medical advice.

Cough

24. Compressi Codeini Phosphatis
Codeine phosphate tablets
CODEINE TABLETS
(15 mgs per tablet)
25. Linctus Scillae Opiata
Linctus of squill, opiate
COUGH LINCTUS

24. Codeine Sulfate Tablets, 30 mg
(Note: Compensation is required for difference in tablet strength.)
27. Dextromethorphan Hydrobromide Syrup with Glyceryl Guaiacolate

Diarrhea

26. Mistura Kaolini et Morphinæ
Kaolin and morphine mixture
DIARRHEA MIXTURE

56. Kaolin Mixture with Pectin

Heart

27. Compressi Glycerylis Trinitratis
Glycerin Trinitrate tablets
HEART TABLETS
(0.5 mg per tablet)

68. Nitroglycerin Tablets, 0.4 mg

NOTE: For congestive heart failure, the following preparations are available on board ship, but they should be used only on medical advice transmitted in plain language and not by code:

- Compressi Chlorothiazidi
(Chlorothiazide) or equivalent
(500 mgs per tablet)
- Compressi Digoxin (Digoxin tablets) or equivalent
(0.25 mg per tablet)

43. Furosemide Tablets, 40 mg

32. Digoxin Tablets, 0.25 mg

* See footnote, p. XII-31, left-hand column.

† See footnote, p. XII-31, right-hand column.

Table M-3 (Continued)

LIST OF MEDICAMENTS**List of Medicaments**

(Identified by *number and name*) from the medical section of the *International Code of Signals**

† List of Equivalent Medications

(Identified by *number and name*) recommended in Chapter VI, pp. VI-5 to VI-49.

Indigestion

28. Compressi Magnesii Trisilicas
Magnesium trisilicate
STOMACH TABLETS

7. Aluminum Hydroxide, with Magnesium Hydroxide or Magnesium Trisilicate, Chewable Tablets

Laxatives

29. Compressi Colocynthis et Jalapae Compositae
Compound Colocynth and Jalap tablets
VEGETABLE LAXATIVE TABLETS

- ≡ No equivalent. Obtain further medical advice.

30. Magnesii Hydroxidum
Magnesium hydroxide mixture
LIQUID LAXATIVE—"Milk of Magnesia"

64. Milk of Magnesia

Malaria

31. Compressi Chloroquini Sulfatis
Chloroquine sulfate tablets
MALARIA TABLETS
(200 mgs per tablet)

22. Chloroquine Phosphate Tablets, 250 mg

Pain

32. Compressi Acidi Acetylasalicylici
Acetylsalicylic acid tablets
ASPIRIN TABLETS
(300 mgs per tablet)

12. Aspirin Tablets, 300 mg

33. Injectio Morphini
Morphine sulfate injection
MORPHINE INJECTION
(15 mgs per ampoule)

66. Morphine Sulfate Injection, 10 mg/ml
(Note: Compensation is required for difference in strength.)

* See footnote, p. XII-31, left-hand column.

† See footnote, p. XII-31, right-hand column.

Table M-3 (Continued)

LIST OF MEDICAMENTS**List of Medicaments**

(Identified by *number* and *name*) from the medical section of the *International Code of Signals**

† List of Equivalent Medications

(Identified by *number* and *name*) recommended in Chapter VI, pp. VI-5 to VI-49.

Sedation

34. Compressi Butobarbitali

Butobarbitone tablets

SEDATIVE TABLETS

(100 mgs per tablet)

35. Compressi Phenobarbitali

Phenobarbitone tablets

PHENOBARBITONE TABLETS

(30 mgs per tablet)

36. Compressi Chlorpromazini

Hydrochloridi

Chlorpromazine hydrochloride tablets

TRANQUILLIZER TABLETS

(LARGACTIL)

(50 mgs per tablet)

74. Pentobarbital Sodium Capsules, 50 mg

(Note: Compensation is required for difference in strength.)

77. Phenobarbital, Tablets, 30 mg

31. Diazepam Tablets, 5 mg

Caution: THIS TABLET NO. 36 TO BE USED ONLY ON MEDICAL ADVICE BY RADIO.

Salt Depletion or Heat Cramps

37. Compressi Natrii Chloridi Solv

Sodium chloride tablets

SALT TABLETS

(500 mgs per tablet)

94. Sodium Chloride Tablets, 1 g

(Note: Compensation is required for difference in strength.)

Seasickness

38. Compressi Hyoscini Hydrobromidi

Hysocine Hydrobromide tablets

SEASICKNESS TABLETS

(0.3 mg per tablet)

25. Cyclizine Hydrochloride Tablets, 50 mg

* See footnote, p. XII-31, left-hand column.

† See footnote, p. XII-31, right-hand column.

INDEX MEDICAL SIGNAL CODE

(Numbers Refer to Pages)

A

Abscess, XII-19
 Accidents, XII-12+
 Administration and dose method, XII-24
 Alcohol, XII-17
 Animal bite, XII-14
 Answer to questions, XII-22

B

Bedsore, XII-18
 Bleeding, general symptoms, XII-12
 —, particular symptoms, XII-12
 Body organs, other, XII-27
 — regions, XII-27
 Bowels, diseases of nervous system and mental diseases, XII-17
 —, general symptoms, XII-11
 Breathing, XII-10
 Buboes, XII-19
 Burn, XII-13

C

Catheter, XII-17
 Childbirth answers, XII-21
 — questions, XII-25+
 Circulatory system diseases, XII-18
 Complements tables, XII-27, XII-30+
 Concussion, XII-13
 Consciousness, XII-10+
 Contusion, XII-13
 Corrosive swallowed, XII-13
 — thrown on patient, XII-14
 Cough, diseases of respiratory system, XII-15
 —, general symptoms, XII-11
 Cramp pains, XII-15

D

Delirium tremens, XII-18
 Delusions, XII-17
 Diagnosis, XII-22+
 Diarrhea, XII-15
 Diet, XII-25
 Digestive system diseases, XII-15+
 Diseases, list of common, XII-30
 —, localization of symptoms, XII-9
 Dislocation, XII-13
 Doctors, instructions, XII-6+
 Dose administration and method, XII-24
 — frequency, XII-25

E

Ear diseases, XII-19
 Equivalent medications, XII-31+
 External application frequency, XII-25
 Eye diseases, XII-20

F

Flatulence, XII-16
 Fractures, XII-13

G

Gangrene, XII-14
 General medical advice, XII-22
 — — instructions XII-6+
 — — symptoms XII-9+
 Genitourinary system diseases XII-16+
 Giddiness, XII-17

H

Headache, XII-17
 Health, previous, XII-9
 Heart and circulatory system diseases, XII-18
 Hemorrhoids, XII-16
 Hernia, XII-16
 Hiccough, XII-15
 Hospital admission, XII-8

I

Illness, miscellaneous, XII-20+
 Infectious and parasitic diseases, XII-18+
 Injuries, XII-12+
 —, localization of symptoms, XII-9
 Instructions to doctors, XII-6+
 — — masters, XII-6
 Isolation, XII-19

J

Joint diseases, XII-20

L

Localization of symptoms, diseases or injuries, XII-9

M

Masters, instructions, XII-6
 Medical advice, XII-8, XII-22+
 — —, additional information request, XII-22
 — assistance request, XII-8+
 Medicaments list, external use, XII-31+
 — —, internal use, XII-32+
 Medication list, equivalents, external use, XII-31+
 — —, equivalents, internal use, XII-32+
 Mental diseases, XII-17+
 — state, XII-10+
 Miscellaneous illness, XII-20+
 Muscles and joints diseases, XII-20

N

Nausea, XII-15
 Nervous system and mental diseases, XII-17+
 Nose and throat diseases, XII-14

P

Pain, diseases of heart and circulatory system, XII-18
 —, general symptoms, XII-11
 Parasitic and infectious diseases, XII-18+
 Patient description, XII-8+
 Poisoning, XII-13+
 Poisons, XII-13+
 Port, nearest, XII-8
 Prescribing medicaments, XII-24
 Progress report, XII-21+
 Pulse, diseases of heart and circulatory system, XII-18
 —, general symptoms, XII-10

R

Rash, general symptoms, XII-12
 —, infections and parasitic diseases XII-18+
 Rendezvous, XII-8
 Reply to questions, XII-22+
 Respiratory system diseases, XII-15

S

Skin diseases, XII-20
 Sleep, unable to, XII-11
 Snakebite, XII-14
 Special treatment, XII-23+
 Sputum, XII-15
 Stool, XII-15
 Suicide, XII-12+
 Sweating, XII-10
 Swelling, XII-12
 Symptoms, particular, XII-12+

T

Table M-1, regions of body, XII-27
 — — 2, list of common diseases, XII-30
 — — 3, list of medicaments and list of equivalent medications, XII-31+
 Temperature, XII-9+
 Throat diseases, XII-14
 Treatment by medicaments, XII-24+

U

Urine, diseases of genitourinary system, XII-16+
 —, general symptoms, XII-12

V

Vaccination, infectious and parasitic diseases, XII-19
 —, smallpox, XII-26
 Venereal diseases, XII-19
 Vomiting, diseases of digestive system, XII-15+
 —, general symptoms, XII-12

W

Wind, anus had not passed, XII-16
 Wound, deep, XII-13

Part 3—AMVER System

Automated Mutual-assistance Vessel Rescue System

The AMVER (Automated Mutual-assistance Vessel Rescue) system operated by the United States Coast Guard, is an international program designed to assist the safety of merchant vessels on the high seas. Merchant vessels of all nations on offshore passages throughout the world are encouraged to send sail plans upon departure from port, and periodic position reports enroute, to cooperating radio stations who will forward them to the AMVER Center on Governors Island in lower New York Harbor. There, the information is entered into a computer which calculates positions by dead reckoning for the ships throughout their voyages, based upon most recent information. When a recognized *Rescue Coordination Center (RCC)* of any nation learns of an emergency at sea, it is encouraged to obtain a computer-predicted listing of ships in the vicinity of the emergency to see which, if any, might be well-suited to provide help. Valuable search and rescue data, such as each ship's radio watch schedule and whether she carries a doctor, are kept on file in the computer and also printed for each ship listed. The location of an individual vessel, if participating, may be obtained by rescue authorities if her safety is in question.

DH MEDICO

DH MEDICO messages and responses thereto may be coordinated, or at least monitored, by a Rescue Coordination Center (RCC) of some nation. Most DH MEDICO messages sent via U.S. Coast Guard radio stations are handled by a Coast Guard RCC. The RCC will assist in the determination of the necessary action, if treatment by ship's personnel until arrival in port is insufficient for the well-being of the patient. The necessary action is determined by such things as seriousness of the case, position of the ship, and the location of nearby assisting facilities. The recommended action simply may be treatment by the ship's person-

nel, evacuation of the patient by helicopter, diversion of the ship to port to put the patient ashore, or a rendezvous at sea with another ship which is carrying a doctor on board. If such a rendezvous is necessary, arrangements can be facilitated by use of information from the U.S. Coast Guard's AMVER system.

Rendezvous at Sea

To arrange for a rendezvous at sea for a vessel with a medical case, a Rescue Coordination Center (RCC) may ask the AMVER Center in New York for a surface picture (SURPIC) listing vessels in the vicinity with a doctor on board. For example, the computer may be asked for all such ships within a radius of 500 miles from the position of the vessel with a medical case, or all such ships along the trackline from its present position to its destination. If such vessels show up on the SURPIC, the RCC may provide the patient's vessel with information on the most appropriate one so that a rendezvous can be arranged. Communications between the patient-vessel and the doctor-ship should be established as soon as practicable. Any rendezvous and subsequent transfer of personnel must be mutually agreeable to the Masters of the vessels involved.

It should be pointed out there is no guarantee that another ship with a doctor on board will be in a position to help the vessel with the medical problem. However, AMVER information often has been used to arrange MEDICO rendezvous with mutual benefit to all concerned.

The current list of radio stations cooperating in the AMVER program is printed in the AMVER Bulletin, published every two months by the AMVER Center. Masters may request their vessels to be placed on the mailing list for the AMVER Bulletin by writing to:

AMVER Center
U.S. Coast Guard
Governors Island, N.Y. 10004